



Prior Authorization Criteria for Proton Pump Inhibitors: Aciphex (rabeprazole), Dexilant/Kapidex (dexlansoprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Zegerid (omeprazole/sodium bicarbonate)

Background

Omeprazole (Prilosec, generics), pantoprazole tablets (Protonix, generics) and esomeprazole (Nexium) are Department of Defense (DoD) preferred Uniform Formulary agents in the Proton Pump Inhibitor (PPI) class. These three medications have a long record of safety and efficacy and are the most cost effective choices in this class for both DoD and for beneficiaries. Aciphex, Dexilant [formerly Kapidex], Prevacid, and Zegerid are non-formulary.

In order to promote use of omeprazole, pantoprazole tablets and Nexium, step therapy/prior authorization requirements apply to Aciphex, Dexilant [formerly Kapidex], Prevacid, and Zegerid. TRICARE coverage of these agents depends on whether you meet step therapy/prior authorization criteria.

What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the generic is ineffective or poorly tolerated.

Aciphex, Dexilant [formerly Kapidex], Prevacid, and Zegerid will only be approved for first time users after they have tried one of the preferred agents on the DoD Uniform Formulary: omeprazole, pantoprazole tablets or Nexium. Beneficiaries who filled a prescription for any PPI during the last 180 days will not be affected by step therapy requirements and won't have to switch medications

Prior Authorization Criteria for Proton Pump Inhibitors

All new users of Aciphex, Dexilant [formerly Kapidex], Prevacid, and Zegerid must meet one of the following criteria in order for Prior Authorization to be approved:

1. The patient has tried omeprazole, pantoprazole tablets or esomeprazole (Nexium) and had an inadequate response.
2. The patient has tried omeprazole, pantoprazole tablets or esomeprazole (Nexium) and was unable to tolerate it due to adverse effects.
3. Treatment with omeprazole, pantoprazole tablets or esomeprazole (Nexium) is contraindicated (e.g., hypersensitivity; moderate to severe hepatic insufficiency).

Criteria approved through the DoD P&T Committee process

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Defense Health Agency,
a component of the [Military Health System](#)
DHHQ, 7700 Arlington Blvd,
Falls Church, VA 22042



Proton Pump Inhibitor Prior Authorization Request Form



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To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

NO prior authorization is required for the preferred proton pump inhibitors [PPIs] omeprazole (Prilosec), esomeprazole (Nexium), and pantoprazole tablet (Protonix tablet). Dexlansoprazole (Dexilant), lansoprazole (Prevacid), omeprazole/sodium bicarbonate (Zegerid), pantoprazole suspension (Protonix suspension), and rabeprazole (Aciphex) are non-preferred PPIs.

**MAIL ORDER
and
RETAIL**

- The provider may **call: 1-866-684-4488**
or the completed form may be **faxed to:**
1-866-684-4477

- The patient may attach the completed form
to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**
or **email** the form only to:
TpharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php

**Drug for which
Prior
Authorization
is requested:**

- ☐ dexlansoprazole (Dexilant)
☐ lansoprazole (Prevacid)
☐ omeprazole/sodium
bicarbonate (Zegerid)

- ☐ pantoprazole suspension (Protonix suspension)
☐ rabeprazole (Aciphex)

Step 1 Please complete patient and physician information (please print):

1 Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
Sponsor ID # _____ Phone #: _____
Date of Birth: _____ Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2 1. Has the patient received a trial of omeprazole (Prilosec), esomeprazole (Nexium), or pantoprazole tablet (Protonix tablet) and had an inadequate response?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 2
2. Has the patient received a trial of omeprazole (Prilosec), esomeprazole (Nexium), or pantoprazole tablet (Protonix tablet), but was unable to tolerate it due to adverse effects?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 3
3. Is treatment with omeprazole (Prilosec), esomeprazole (Nexium), or pantoprazole tablet (Protonix tablet) contraindicated for this patient (e.g., due to hypersensitivity)?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Proceed to Question 4
4. Is the patient currently receiving clopidogrel (Plavix) and requires the use of a non-preferred PPI?	<input type="checkbox"/> Yes Please sign and date	<input type="checkbox"/> No Coverage not approved

Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

3 _____
Prescriber Signature Date